

Fill in this information to identify the case:

Debtor name **Backyard Workroom, LLC**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF TEXAS**

Case number (if known) **22-41366**

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Comptroller 117 E. 17th Street Austin, TX 78701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,554.20 \$1,554.20
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2	Priority creditor's name and mailing address Internal Revenue Services 100 Commerce Street Mail Code DAL-5027 Dallas, TX 75242	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$42,519.00 \$42,519.00
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor	Backyard Workroom, LLC	Case number (if known)	22-41366
Name			
3.1	Nonpriority creditor's name and mailing address Betsy Beard 905 Timberline Ct. Fort Worth, TX 76126	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Date(s) debt was incurred _____			
Last 4 digits of account number _____			
Basis for the claim: _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.2	Nonpriority creditor's name and mailing address Blue Cross Blue Shield of Texas PO Box 650615 Dallas, TX 75265-0615	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$29,666.78
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Date(s) debt was incurred _____			
Last 4 digits of account number _____			
Basis for the claim: _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.3	Nonpriority creditor's name and mailing address Benton Farms 6911 Bexar Street Dallas, TX 75215	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Date(s) debt was incurred _____			
Last 4 digits of account number _____			
Basis for the claim: _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.4	Nonpriority creditor's name and mailing address Built Designs, LLC 1706 Juanita Drive Arlington, TX 76013	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,150.00
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Date(s) debt was incurred _____			
Last 4 digits of account number _____			
Basis for the claim: _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.5	Nonpriority creditor's name and mailing address Capital Premium Financing, LLC 12235 S 800 E Draper, UT 84020	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$11,754.11
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Date(s) debt was incurred _____			
Last 4 digits of account number <u>1413</u>			
Basis for the claim: _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.6	Nonpriority creditor's name and mailing address Carlos & Maranda Chambers 513 Firethorn Court Burleson, TX 76028	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Date(s) debt was incurred _____			
Last 4 digits of account number _____			
Basis for the claim: _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.7	Nonpriority creditor's name and mailing address Champion Janitorial 664 N Glenville Dr Richardson, TX 75081-2832	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$895.84
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Date(s) debt was incurred _____			
Last 4 digits of account number _____			
Basis for the claim: _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor	Backyard Workroom, LLC Name	Case number (if known)	22-41366
3.8	Nonpriority creditor's name and mailing address Chris & Veronica Canterbury 8991 Opal Canyon Court Sacramento, CA 95829	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$71,986.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	Nonpriority creditor's name and mailing address Conley Rose Intellectual Property Law 777 N Eldridge Pkwy Ste 600 Houston, TX 77079-4425	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$4,825.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address Crystal Ellison 2207 Cales Dr. Arlington, TX 76013	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.11	Nonpriority creditor's name and mailing address Daniel C. Smith P.E Consulting Engineers 9650 Strickland Rd Ste 103185 Raleigh, NC 27615-1902	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$19,135.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.12	Nonpriority creditor's name and mailing address Dawson Logistics Assets LLC 575 Maryville Centre Dr, Ste 500 Saint Louis, MO 63141-5867	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$44,154.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.13	Nonpriority creditor's name and mailing address Elite Energy Inspections 4400 Cotton Belt Pkwy Mc Gregor, TX 76657-3495	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,100.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	Nonpriority creditor's name and mailing address Frontier Communications PO Box 740407 Cincinnati, OH 45274-0407	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$114.99
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Backyard Workroom, LLC Name	Case number (if known)	22-41366
3.15	Nonpriority creditor's name and mailing address Horton World Solutions, LLC 2106 E State Highway 114 Suite 301 Southlake, TX 76092 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$123,306.21
3.16	Nonpriority creditor's name and mailing address Marcelo Migoni 3516 Northhaven Rd. Dallas, TX 75229 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.17	Nonpriority creditor's name and mailing address Metal Supermarkets, Inc. 1401 Summit Ave, Unit 7 Plano, TX 75074 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,076.47
3.18	Nonpriority creditor's name and mailing address Mitchell Welding Supply PO Box 692 Terrell, TX 75160-0013 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,577.10
3.19	Nonpriority creditor's name and mailing address Muge Darwish 2813 Nordham Dr Austin, TX 78745 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.20	Nonpriority creditor's name and mailing address Nappco Fastner Company 7330 N Sam Houston Pkwy W Ste 200 Houston, TX 77064-3580 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,114.19
3.21	Nonpriority creditor's name and mailing address Phoenix Funding Group 2950 W Square Lake Rd Ste 211 Troy, MI 48098-5725 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$116.67

Debtor	Backyard Workroom, LLC Name	Case number (if known)	22-41366
3.22	Nonpriority creditor's name and mailing address Pilar Claiborne 5774 Friar Court EI Sobrante, CA 94803 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.23	Nonpriority creditor's name and mailing address RB Shields Me 910 S Crowley Rd Ste 9428 Crowley, TX 76036-3686 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$537.75
3.24	Nonpriority creditor's name and mailing address Reliant Energy PO Box 650475 Dallas, TX 75265-0475 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$605.48
3.25	Nonpriority creditor's name and mailing address Republic Trash Services PO Box 78829 Phoenix, AZ 85062-8829 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117.48
3.26	Nonpriority creditor's name and mailing address Russell Sorrow Sorrow Motion Pictures 7513 Gairlock Dr Fort Worth, TX 76179-4821 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,154.50
3.27	Nonpriority creditor's name and mailing address Scalepoint c/o Joe Reeble 4717 S.Atlanta Tulsa, OK 74105 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104,723.35
3.28	Nonpriority creditor's name and mailing address Sentry Security Solutions LLC PO Box 727 Burleson, TX 76097-0727 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.62

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Name			
3.29	Nonpriority creditor's name and mailing address Sherwin Williams 2100 Lakeside Blvd Ste 400 Richardson, TX 75082-4349	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$6,610.63
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.30	Nonpriority creditor's name and mailing address Texas Mutual Insurance PO Box 841843 Dallas, TX 75284-1843	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,858.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.31	Nonpriority creditor's name and mailing address TMC DesignWorks 15201 S. 4100 Rd Claremore, OK 74017	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,220.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
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Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1	Total of claim amounts 44,073.20
5b. Total claims from Part 2	428,847.17
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	472,920.37